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Fill in this information to identify your case:								
Debtor 1	Fatima Loretta Leal							
Debtor 2 (Spouse, if filing)								
United States B	ankruptcy Court for the: Northern District of Mississippi							
Case number (if known)								

Check as directed in lines 17 and 21:								
	According to the calculations required by this Statement:							
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).							
	Disposable income is determined under 11 U.S.C. § 1325(b)(3).							
	3. The commitment period is 3 years.							
	4. The commitment period is 5 years.							

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part	1: Calculate Your Average Monthly Income							
1.	What is your marital and filing status? Check one or	nly.						
	■ Not married. Fill out Column A, lines 2-11.							
	☐ Married. Fill out both Columns A and B, lines 2-11.							
10 the	I in the average monthly income that you received from all 1(10A). For example, if you are filing on September 15, the 6-ne 6 months, add the income for all 6 months and divide the tota ouses own the same rental property, put the income from that p	nonth peri	od would in the re	be March 1 throusult. Do not include	ւgh Auզ de any i	gust 31. If the amo	ount of your monthly incom ore than once. For examp	e varied during le, if both
					Colur Debte		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, payroll deductions).	and cor	nmissio	ons (before all	\$	3,083.34	\$	
3.	3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.			a spouse if	\$	0.00	\$	
4.	4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.				\$	0.00	\$	
5.	Net income from operating a business, profession, or farm	Debtor '	1					
	Gross receipts (before all deductions)	\$	0.00					
	Ordinary and necessary operating expenses	-\$	0.00					
	Net monthly income from a business, profession, or fair	rm \$	0.00	Copy here ->	\$	0.00	\$	
6.	Net income from rental and other real property	Debtor '	1					
	Gross receipts (before all deductions)	\$	0.00					
	Ordinary and necessary operating expenses	-\$	0.00					
	Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$	0.00	\$	

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Debtor 1	Fatima Loretta Leal			Case no	umber (<i>if kno</i>	wn)		
				Columi Debtor		Column E Debtor 2 non-filing	or	
7. Inte	erest, dividends, and royalties			\$	0.0	00 \$		_
8. Une	employment compensation			\$	0.0	00 \$		_
	not enter the amount if you contend that the Social Security Act. Instead, list it here:		s a benefit under					
	or you	\$	0.00					
	or your spouse							
ben not Unit disa pay doe	nsion or retirement income. Do not inclu- defit under the Social Security Act. Also, ex- include any compensation, pension, pay, ted States Government in connection with ability, or death of a member of the uniform paid under chapter 61 of title 10, then income as not exceed the amount of retired pay to tirred under any provision of title 10 other to	ccept as stated in the n annuity, or allowance p a disability, combat-re ned services. If you rec lude that pay only to th which you would other	ext sentence, do paid by the lated injury or reived any retired e extent that it wise be entitled		0.0	00 \$		
Do i rece dom Unit disa	ome from all other sources not listed all not include any benefits received under the eived as a victim of a war crime, a crime a nestic terrorism; or compensation, pension ted States Government in connection with ability, or death of a member of the uniform rees on a separate page and put the total	e Social Security Act; p gainst humanity, or into n, pay, annuity, or allow a disability, combat-re ned services. If necess	payments ernational or vance paid by the lated injury or					-
	Health Insurance			\$	433.1	l 3		_
				\$	0.0	00_ \$		_
	Total amounts from separate pages,	if any.	+	\$	0.0	00 \$		
	culate your total average monthly income he column. Then add the total for Column A Determine How to Measure Your De	A to the total for Colum	n B. \$	3,516.4	+ \$			3,516.47 otal average nonthly income
12. Cop	by your total average monthly income for culate the marital adjustment. Check on	rom line 11.					\$	3,516.47
	You are not married. Fill in 0 below.							
	You are married and your spouse is filing	g with you. Fill in 0 belo	DW.					
	You are married and your spouse is not Fill in the amount of the income listed in dependents, such as payment of the spouse Below, specify the basis for excluding the adjustments on a separate page.	filing with you. line 11, Column B, that ouse's tax liability or the is income and the amo	t was NOT regula e spouse's suppo	rt of som	eone othe	er than you or yo	ur depen	dents.
	If this adjustment does not apply, enter 0	below.	c					
	Total				0.00	Copy here=>		0.00
14. Y o	our current monthly income. Subtract lin	ne 13 from line 12.				J	\$	3,516.47
45 0-	alculate your current monthly income for	ar the year Follow the					Ĺ	

15a. Copy line 14 here=>

3,516.47

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Debto	or 1	Fati	ma Loretta Leal	Case number (if known)	Case number (if known)				
	Multiply line 15a by 12 (the number of months in a year).			າ a year).			x 12		
	15	b. Ti	ne result is your current monthly income for th	e year for this part of	the form.	\$_	42,197.64		
16.	Cal	culate	the median family income that applies to	you. Follow these ste	eps:				
	16a	. Fill ir	n the state in which you live.	MS					
	16b	. Fill in	n the number of people in your household.	4					
	16c	To fi	n the median family income for your state and nd a list of applicable median income amount uctions for this form. This list may also be ava	s, go online using the		\$_	89,229.00		
17.	Hov	v do t	he lines compare?						
	17a		Line 15b is less than or equal to line 16c. (11 U.S.C. § 1325(b)(3). Go to Part 3. Do N						
	17b	. c	Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calc your current monthly income from line 14 a	ulation of Your Disp					
Part	3:	Ca	lculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)					
18.	Cop	у уо	ur total average monthly income from line	i1.		\$	3,516.47		
19.	con spo	tend t use's	he marital adjustment if it applies. If you are hat calculating the commitment period under income, copy the amount from line 13.	11 U.S.C. § 1325(b)(4		- \$	0.00		
	194	. 11 1116	e marital adjustment does not apply, fill in 0 or	ilile 19a.		-Φ			
	19b	. Sub	tract line 19a from line 18.			\$	3,516.47		
20.	Cal	culate	your current monthly income for the year	. Follow these steps	:				
	20a	. Cop	y line 19b			\$_	3,516.47		
		Mult	iply by 12 (the number of months in a year).			X	12		
	20b	. The	result is your current monthly income for the y	ear for this part of th	e form	\$_	42,197.64		
	20c	. Cop	y the median family income for your state and	size of household fro	om line 16c	\$_	89,229.00		
	21.	How	do the lines compare?						
			Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4.	ise ordered by the co	ourt, on the top of page 1 of this form, che	eck box 3, 7	The commitment		
			Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	nless otherwise order	red by the court, on the top of page 1 of t	his form, ch	neck box 4, The		
Pari	4:	Sig	gn Below						
	Ву	signin	g here, under penalty of perjury I declare that	the information on th	is statement and in any attachments is tr	ue and corr	ect.		
Х	/s	/ Fati	ma Loretta Leal						
			Loretta Leal e of Debtor 1						
	Date		ne 6, 2025						
	If v.		1/DD / YYYY						
	•		cked 17a, do NOT fill out or file Form 122C-2		of that form any and the state of the state		line 4.4 abarra		
	II yo	ou cne	cked 17b, fill out Form 122C-2 and file it with	triis form. On line 39	or trial form, copy your current monthly if	icome from	i iirie 14 above.		